ITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

| TETTION FOR EXTENSION OF TIME ONL | ER 57 CPR 1.150(a) | 740756-226 | 740756-2262 | |
|---|--|--------------|-------------------------|----------|
| CERTIFICATE OF MAILING OR TRANSMISSION | In re Application of Jun Koya | ma et al. | | |
| [37 CFR 1.8(a)] | Application Number 09/777,693 Filed | | February 7, 2001 | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop, Commissioner for | For IMAGE DISPLAY DEVICE AND DRIVER CIRCUIT THEREFOR | | | |
| Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at, on | Group Art Unit 2673 | Examiner Lec | Examiner Leonid Shapiro | |
| Signature: | | | BECEN | /ED |
| Name: | | | | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | AUG 1 9 | 2003 | |
| The requested extension and appropriate entity fee are as follows (check time period desired): | | | Technology Cer | ter 260(|
| One month (37 CFR 1.1 | 7(a)(1)) - (\$55/\$110) | | \$ <u>110.00</u> | |
| ☐ Two months (37 CFR 1.17(a)(2)) - (\$205/\$410) | | | \$ | |
| ☐ Three months (37 CFR 1 | .17(a)(3)) - (\$465/\$930) | | \$ | |

Docket Number (Optional)

| | | ed extension and appropriate entity fee are as follows period desired): | reciniology | | | |
|------|---|--|------------------|--|--|--|
| | × | One month (37 CFR 1.17(a)(1)) - (\$55/\$110) | \$ <u>110.00</u> | | | |
| | | Two months (37 CFR 1.17(a)(2)) - (\$205/\$410) | \$ | | | |
| | | Three months (37 CFR 1.17(a)(3)) - (\$465/\$930) | \$ | | | |
| | | Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450) | \$ | | | |
| | | Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970) | \$ | | | |
| | Applica | nt claims small entity status. | | | | |
| × | A check | to cover the fee is enclosed. | | | | |
| | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| | The Commissioner has already been authorized to charge fees in this application to a Deposit Account. | | | | | |
| × | or credi | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 19-2380. I have enclosed a duplicate copy of this sheet. | | | | |
| I an | n the 🗖 | applicant/inventor | | | | |
| | | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). | | | | |
| | | attorney or agent of record. | | | | |
| | × | attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 35,483. | | | | |
| | include | ING: Information on this form may become public. Credit card information on this form. Provide credit card information and authorization on PTO | | | | |
| | Au | gust 15, 2003 /// COUNTY | | | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

Jeffrey l

Signature

Typed or printed name

Costellia

Date

Total of <u>TWO</u> forms are submitted.

forms if more than one signature is required, see below.